

**THE UNITED STATES BANKRUPTCY COURT FOR THE
EASTERN DISTRICT OF TENNESSEE
NORTHEASTERN DIVISION**

IN RE: Appalachian Oil Company, Inc., Debtor(s).
PO Box 1500
Blountville, TN 37617-1500
62-0809557

Case No. 09-50259 MPP
Chapter 11
Judge Parsons

NOTICE OF WITHDRAWAL OF CLAIM

Pursuant to Fed. R. Bankr. P. 3006, the TN Dept. of Labor & Workforce Dev-Unemployment Insurance withdraws the following claim. A copy of the withdrawn claim is attached hereto for reference.

Amount of Claim: \$10,290.86
Date Claim Filed: July 16, 2009
Account Number: Claim 417

Respectfully submitted,
Robert E. Cooper, Jr.
Attorney General and Reporter

/s/William McCormick

William McCormick

Assistant Attorney General

BPR No. 12718

OFFICE OF THE ATTORNEY GENERAL

BANKRUPTCY DIVISION

P O BOX 20207

Nashville, TN 37202-0207

Phone: 615-532-2504 Fax: 615-741-3334

CERTIFICATE OF SERVICE

I certify that on July 16, 2009 a copy of this pleading was deposited in the United States mail, first class, postage prepaid, or sent electronically (or both as required by local rules) to the parties set out below.

/s/William McCormick

William McCormick

Assistant Attorney General

Office of the U.S. Trustee
800 Market Street
Suite 114
Knoxville, Tennessee 37902

Mark S. Dessauer
Attorney for the Debtor(s)
P. O. Box 3740
Kingsport, TN 37664-0740

**United States Bankruptcy Court Eastern District of Tennessee
Northeastern Division**
**AMENDED
PROOF OF CLAIM**
Name of Debtor: **Appalachian Oil Company, Inc.**Case Number **09-50259 MPP**
Chapter **11**

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. sec. 503.

Name of Creditor: (The person or entity to whom the debtor owes money or property)

TN Dept. of Labor & Workforce Dev-Unemployment Insurance☐ Check box if you are aware that any one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and addresses where notices should be sent:

**TN Dept. of Labor & Workforce Dev-Unemployment Insurance
c/o TN Atty General, Bankruptcy Div.
PO Box 20207
Nashville, TN 37202-0207**☐ Check box if you have never received any notices from the bankruptcy court in this case.☐ Check box if the address differs from the address on the envelope sent to you by the court.

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Account or other number by which creditor identifies debtor:
62-0809557 0431-596 7Check here ☐ replaces a previously filed claim, dated: **4/13/2009**
if this claim ☒ amends**1. Basis for Claim:**

- ☐ Goods sold ☐ Additional Information:
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☒ Taxes.
- ☐ Other: Unemployment Insurance

☐ Retiree benefits as defined in 11 U.S.C. sec. 1114(a)☐ Wages, salaries, and compensations (Fill out below)

Your SS#

Unpaid compensation for services performed

from

to

(date)

(date)

2. Date debt was incurred: 4th Qtr 2008 - 1st Qtr 2009**3. If court judgment, date obtained****4. Total Amount of Claim at Time Case Filed : \$ 10,290.86**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.**5. Secured Claim: ** \$0.00**☐ Check this box if your claim is secured by collateral (including a right of setoff.)

Brief description of collateral

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other

Value of Collateral: Unknown

Amount of arrearage and other charges at time case filed included in secured claim above, if any:

**Upon notice and proof from debtor that part or all of this claim is unsecured by operation of 11 USC sec 506(a), creditor reserves the right to claim such unsecured portion as a priority claim under 11 USC sec. 507(a)(8).

6. Unsecured Priority Claim:☒ Check this box if you have an unsecured priority claimAmount entitled to priority **\$ 10,290.86**

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300)*, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier --11 U.S.C. sec. 507(a)(3)
- ☐ Contributions to an employee benefit plan--11 U.S.C. sec. 507(a)(4)
- ☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family or household use --11 U.S.C. sec. 507(a)(6)
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child -- 11 U.S.C. sec. 507(a)(7)
- ☒ Taxes or penalties of governmental units --11 U.S.C. sec. 507(a)(8)
- ☐ Other--Specify applicable paragraph of 11 U.S.C. sec. 507(a)()

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.**8. Supporting Documents** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.**9. Date-Stamped Copy** To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.Date:
July 15, 2009

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

/s/ **William McCormick****William McCormick****Assistant Attorney General**

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